

## ASD DSM-5 PARENT INTERVIEW\*

**Instructions to the interviewer:** For each DSM 5 criterion, we have provided a number of questions to guide you in gathering information from parents or other caregivers to help determine if a child does or does not meet that criterion. **You do not need to ask each question.** You can omit questions that are not relevant due to age, developmental level or cultural or religious factors. You can stop asking questions once you are clear about the child's skill set for that criterion. You also may need to ask follow up questions that are not listed here to clarify information from parents.

☐ Yes  
☐ No

**A. Deficits in use or understanding of social communication and social interaction in multiple contexts, not accounted for by general developmental delays, and manifest by all 3 of the following:**

☐ Yes  
☐ No

**1. Deficits in nonverbal communicative behaviors used for social interaction:**

**Abnormalities in eye contact and body-language,  
Lack of facial expression or gestures,  
Deficits in understanding and use of nonverbal communication,  
Poorly integrated verbal and nonverbal communication.**

*Comment you will start with questions about non-verbal communication and then ask a general question, "how does s/he use eye contact, signs and gestures to communicate with you?" "What gestures or signs has s/he learned?" Make sure to ask parents to describe any concerns. Then proceed with the questions below.*

1. Does s/he look at you or others in the eye when s/he wants something or when s/he is talking to you?
2. Does your child turn his/her head to look at you when you walk up and start talking to him/her, or when you call his or her name? If No, does s/he turn his or her eyes to avoid looking at you?
3. When you have his/her attention and point to show him/her a toy or a picture in a book, will s/he look where you point?
4. Does your child ever use your hand like a tool, grab it and place it on what she wants?
5. Does s/he use simple gestures to direct your attention or to request something; e.g., pointing at a toy, reaching up to be picked up, waving bye-bye to let you know s/he wants to go?
6. Does your child use words and gestures together, e.g., pointing to an object and saying "look Mommy," waving bye-bye and saying "bye-bye," shaking his/her head and saying "no?"
7. Does s/he show a range of facial expressions, e.g., does s/he smile, frown, pout, raise his or her eyebrows in surprise? Do his/her facial expressions match the situation?
8. Does s/he understand the expressions of other people's faces, e.g., when you frown or have an angry face, when you have a happy face?

9. How does your child respond when you use a gesture? Will s/he look where you point to show him/her something interesting? Does s/he quiet down and pay attention when you shake your head “no?”

☐ Yes

☐ No

**2. Deficits in social-emotional reciprocity:**

**Lack of initiation of social contact,  
Reduced sharing of interests, emotions and affect,  
Abnormal social approach,  
Failure of normal back and forth conversation.**

*First ask 2 general questions, “Who does s/he like to play with in the family? What types of activities or games do you (they) do together?” Then start with the questions below.*

1. How does s/he let you know s/he wants you to pay attention to him/her or play with him/her, e.g., does s/he bring a toy or book to show you what s/he is doing? (*Clarify whether s/he brings a book or toy to engage parents in play and not just to get help; also ask how often s/he plays by him/herself vs trying to engage parents or siblings in play*).
2. Does s/he bring a picture s/he has drawn to show you or make sure you come to see something s/he has built from blocks or Legos to share something s/he is proud of? Does s/he get excited when you praise him or her, for example, if you say “nice job” or “big boy?”
3. If you say “I’m going to get you” or cover your eyes for peek-a-boo, does your child get excited because s/he knows what’s going to happen next? Does s/he request you do it again?
4. Will s/he play imitative games such as pat-a-cake, peek-a-boo or “so big?” Will s/he cover his or her face to play peek-a-boo with you? Does s/he request you do it again?
5. Will s/he copy or imitate you when you make nonsense sounds like raspberries or tongue clicking?
6. Will your child imitate you when you stick out your tongue or make faces? Does s/he imitate you when you wave bye-bye, clap your hands for pat-a-cake or shake your head “no?” Does s/he try to imitate you if you shake a rattle or other toy?
7. Will s/he imitate you when you are doing housework such as dusting, sweeping or cooking? Does s/he give a hug or pretend to feed or take care of a doll or stuffed animal? Does s/he play other imitative games with you?
8. Will s/he play ball by rolling, kicking or throwing it back and forth? Does s/he play games that require turn-taking such as a simple card game or board game? Is s/he interested in what game you want to play or what you want to do?
9. Does your child make hand gestures or movements to familiar songs such as “itsy-bitsy-spider” or “wheels on the bus?” Will s/he fill in a word in a familiar song like “wheels on the bus “?

10. Does your child smile back at you when you smile at him or her? Will s/he come up and give you a hug or kiss without being asked? In a new or disturbing situation, does your child look to you for comfort?
11. Does s/he recognize how you are feeling, e.g., when you're happy, angry or sad? When you're upset, sad or ill, will s/he try to comfort you?
12. Does s/he notice when others are upset? Does s/he comment or try to console? (*Ask first about siblings and then children in the community*).
13. Will s/he change his/her behavior based on your emotional response, e.g., if you laugh, will s/he do it again, or if you frown and are quiet, will s/he stop and pay attention?
14. Which feeling words does s/he use? Does s/he use them appropriately?
15. If you make a comment to him or her but don't ask a question, will s/he say something in response?
16. Does your child ask you questions, for example, about an object, a situation, or a person? Does s/he get stuck asking the same question over and over (also see B2)?
17. Will s/he start a conversation with you just to talk or chat, not to ask for something?
18. Can s/he take turns in a conversation or is it usually one-sided, i.e., does s/he always need to talk about his or her favorite subject or can s/he talk about what you are interested in?

- ☐ Yes

☐ No

**3. Deficits in developing and maintaining relationships appropriate to developmental level (beyond those with caregivers)**

**Apparent absence of interest in people**

**Difficulties adjusting behavior to suit different social contexts**

**Difficulties in sharing imaginative play and in making friends**

*Start this section by saying, "Now I would like to find out more about his/her relationships with other children."*

1. Is s/he interested in other children? (*If no, ask if there are other people s/he is interested in*).
2. Does s/he watch other children while they are playing, e.g., at the park, school or daycare? Will s/he go over and play close to other children?
3. Does s/he talk to or try to join other children in their play? How does s/he join another child or group, e.g., go up and ask to play, start doing what the other children are doing? If s/he joins another child in play, how long does the interaction last?
4. How does s/he respond if other children talk to or try to play with him/her?
5. Is your child interested in making friends? How many friends does your child have? Does s/he have a best friend?

6. Does s/he talk about other children, ask about inviting children over to play or going to play with another child? Is s/he invited to play at other children's houses? (*clarify whether the child or parent initiates*).
7. Who does your child prefer to play with? What do they do when they play together, e.g., chase, cars & trucks, pretend kitchen?
8. Does s/he dress-up and "make-believe" s/he is someone or something else? **How does s/he involve you or other children in his or her make-believe play?** Does s/he play cooperatively by leading and also following another child's lead (back and forth play)?
9. Does s/he pretend to have a tea party, serve pretend food, pretend toy figurines are talking to each other? **How does s/he involve you or other children in his/her pretend play?**
10. Does your child always need to direct play with other children or with adults, assign roles or tell them what to do and what to say? What happens if the other child or person doesn't cooperate? Does your child realize certain things s/he does bother other children or adults? Does s/he understand when s/he is being teased, bullied?
11. Does s/he ever ask socially inappropriate questions, e.g., ask a personal question or make a personal statement at the wrong time?
12. Does s/he have trouble participating in groups (play with at least 2 other children)? Does s/he have trouble following cooperative rules for games? Does your child participate on any teams?

☐ Yes  
☐ No

**B. Restricted, repetitive patterns of behavior, interests, or activities as manifested by 2 of the following:**

☐ Yes  
☐ No

- 1. Stereotyped or repetitive speech, motor movements, or use of objects:**  
**Echolalia or idiosyncratic phrases,**  
**Repetitive use of objects,**  
**Simple motor stereotypies.**

*Introduce this section by saying, now I would like to talk more about his/her use of speech and language. First ask, "How many words does your child regularly use?" Then ask, "How does your child usually let you know what s/he wants or needs, e.g., if s/he is hungry or needs help?" Then ask, "Can you understand what your child is trying to communicate? Can others understand him or her?" Then ask, "Is there anything unusual about his/her use of speech?" Use question one as the example.*

1. Does your child use his/her name instead of I, e.g., "Melissa wants" instead of "I want?" Does s/he mix up the pronouns s/he should use to refer to her/himself, e.g., does s/he say "you want" when s/he means "I want?"
2. Does s/he often say what you said right afterward (immediate echolalia)?

3. Does s/he say the same phrase over and over in exactly the same way, or use scripted language e.g., things you may have said or that s/he heard someone else say, phrases from TV, a video or movie?
4. Does s/he make nonsense noises or words to himself/herself during play (jibberish, words that s/he has made up)?
5. Does s/he use the same tone of voice each time (monotone), have an odd intonation or have a sing-song pattern to his/her voice, or is speech overly formal, like a teacher lecturing?
6. Does s/he play with toys as you would expect, for example, driving toy cars around, building something with blocks or Legos? *(First clarify what are her/his favorite toys/activities).*
7. Does s/he play with toys in an unusual way (e.g., rolling or dropping objects over and over), or does s/he always play with toys in the same way (e.g., lining up toy cars or sorting toys by color or size)? Does s/he have any other repetitive play (does s/he do the same thing over and over)?
8. Does s/he have any physical mannerisms or odd way of moving his hands or his body that look the same each time, e.g., flapping hands when excited, walking on his toes, flicking his fingers, spinning or rocking his body, walking or pacing in a pattern?

**2. Excessive adherence to routines, ritualized patterns of verbal or nonverbal behavior, or excessive resistance to change:**

**Insistence on same route or food,  
Motoric rituals,  
Repetitive questioning,  
Extreme distress at small changes.**

- ☐ Yes  
☐ No

*Introduce this discussion by stating "Many young children like things to happen in a certain way or in a certain sequence. Bedtime is a good example. Does your child require anything special at bedtime, e.g., a special blanket, tucked in a certain way, or you need to give him a hug but only after a drink of water. Does it have to happen the same way every time?" Then ask about other situations in question 1 below, e.g., bathroom, when dressing, when greeting others. Then go on to question 2.*

1. Does your child have rigid rituals or routines that s/he set up? For example, are there things s/he has to do in a particular way or sequence every time at bedtime, in the bathroom, when dressing or when greeting others?
2. Does s/he have a markedly selective diet, eat the same few foods over and over and resist new foods. Do foods need to be presented a certain way or only come from a certain package?
3. Does s/he have a marked insistence on adherence to the rules, show extreme distress if rules are broken or incorrect information given, insist on correcting others?
4. Does your child ask you questions, for example, about an object, a situation, or a person (from A2)? Does s/he get stuck asking the same question over and over?
- 5.

6. Does s/he have motor rituals, need to repeat an activity a certain number of times, pace in a certain pattern, or walk only along the outside of a sidewalk or the perimeter of a room or park?
7. Does s/he become very upset (show extreme distress or irritability) if his or her routine or ritual is interrupted or s/he can't complete it (e.g., a toy is broken or missing, a special food is gone, s/he has to sleep at a motel when on vacation, s/he needs to stop an activity before s/he is finished and start a new one)?
8. Does s/he become very upset (show extreme distress or irritability) with changes in a favorite activity or the subject of a conversation, changes in his or her schedule (e.g., being picked up by Mom instead of riding the bus home, a trip to the library or a school assembly is canceled) or changes in his/her environment, (e.g., how the furniture is arranged at home or classroom, where s/he sits at the dinner table) or if you drive a different way to school or the store?

**3. Highly restricted, fixated interests that are abnormal in intensity or focus:  
Strong attachment to or preoccupation with unusual objects,  
Excessively circumscribed or perseverative interests.**

☐ Yes  
☐ No

*Introduce this section by saying, "Now I'd like to talk more about the toys s/he plays with.  
What are his/her favorite toys and activities?"*

1. Does s/he play with a variety of toys or does s/he have a special interest in one toy, activity or subject that is unusual in its intensity (all encompassing)?
2. Is your child fixated by toys or objects that are shiny or that light up or spin (also see B4)? Does s/he repeatedly activate toys that are shiny or light up, persist in staring at objects that spin such as a fan?
3. Is s/he preoccupied only with only part of a toy, e.g., spinning the wheels of the car or opening and closing the doors rather than driving it around on a "make-believe" road, or with non-functional elements of a toy or object, e.g., the label on a blanket?
4. Does your child play with objects that are not usually toys, for example, carrying around DVD cases or strings, is s/he preoccupied with the vacuum?
5. Does s/he have any interests that seem unusual or odd for his or her age, e.g., flags of the world, sprinkler systems?
6. Does s/he have an unusually good memory for the details of special interests, family activities, vacations, movies?

**4. Hyper-or hypo-reactivity to sensory input or unusual interest in sensory aspects of environment:  
Apparent indifference to pain/heat/cold,  
Adverse response to specific sounds or textures  
Excessive smelling or touching of objects,  
Fascination with lights or spinning objects.**

☐ Yes  
☐ No

*Introduce this section by saying, "Now I have some questions about how s/he responds to different sensations such as touch and sound."*

1. Is your child fixated by toys or objects that are shiny or that light up or spin (*also in B3*)?
2. Does s/he notice every small noise in the environment or at other times not respond to loud sounds in the environment? Do you have concerns about your child's hearing?
3. Is he/she fearful of some loud sounds, for example, noises of household appliances such as the vacuum? How does s/he show s/he's afraid?
4. Does your child seem overly sensitive to touch, e.g., during dressing or bathing or just giving him or her a hug?
5. Does s/he forcefully press his or her face, head or body against people or furniture?
6. Does s/he play with toys by touching them to his/her lips, smelling, sniffing or licking them? Is your child fixated on chewing on non-food items, does s/he chew on unusual objects such as arms of chairs or bed rails?
7. Is your child overly interested in the way things feel? Does s/he enjoy touching or rubbing certain surfaces, rubbing or twirling your hair or his/her hair?
8. Does s/he dislike wearing certain clothes, for example, won't wear tight clothes, won't wear long sleeves or short sleeves, resists tags in clothes or seams in socks?
9. Does s/he dislike teeth or hair brushing, having hair or face washed, haircuts or washing hair, fingernails or toenails cut?
10. Does s/he only eat certain types of foods, for example, does s/he refuse to eat certain textures, or only eat foods that are a specific temperature or color?
11. Does s/he avoid messy materials such as paints or glue, do his or her hands need to be cleaned right away if sticky or dirty, or shirt changed right away if wet or dirty?
12. Does s/he bring toys very close to his/her face, look out of the side of his/her eyes or lay his/her head on the floor and look from the side at toys such as the wheels turning on a toy car?
13. What does s/he do in loud, crowded places? Does s/he easily become over stimulated?\*\*
- 14.** Does s/he have a high pain tolerance? How can you tell when s/he is having pain?\*\*

**Supplemental Questions:**

1. Has your child lost any skills once s/he has developed them? ( A typical autistic regression involves language and behavior and generally occurs between 14 and 24 months of age. For example, a child is regularly using 4 or more words after 12 months of age and then stops using them, stops pointing

or use of other gestures and shows limited interest in parents or social games such as pat-a-cake. The language loss persists for at least 1 month and usually much longer).

2. Does s/he put non-edible items in his mouth (pica)? Do you worry about him/her swallowing non-food items?
3. Is your child clumsy? Does s/he fall a lot, have an odd-looking walk or run?

***Behavior Concerns (please describe):***

**1. Self-regulation**

- a. Is s/he frequently irritable?
- b. Does s/he over-react to small problems?
- c. Does s/he have intense, angry outbursts? Does s/he have outbursts for little or no apparent reason? (specify situations in which outbursts occur)

**2. Attention and Executive function**

- a. Is s/he easily distractible; does he act without thinking?
- b. Is s/he restless, not able to sit still; is he overly active?
- c. Does s/he have difficulty initiating or finishing tasks such as homework?
- d. Does s/he have difficulty finding things in his/her room or desk?
- e. Is his/her written work poorly organized, does s/he have difficulty planning ahead?
- f. Does s/he forget to hand in homework?

**3. Oppositional and Aggressive behavior:**

- a. Is your child destructive to toys or other objects?
- b. Does s/he say “no” or refuse to comply when asked to do something?
- c. Does your child regularly argue with you (parents), teachers?
- d. Does s/he tease or bully other child? Has s/he been teased or bullied?
- e. Is s/he aggressive with siblings, peers or adults, e.g., hits or pushes? Does s/he swear, call names or make threats?

**4. Anxiety**

- a. Do you think your child worries more than other children?
- b. What does s/he worry about?
- c. Does s/he ever have problems falling asleep because she is worrying about something?
- d. Does your child have many fears?
- e. Is s/he easily scared? Can s/he be easily comforted by reassurance?

**5. Depression**

- a. What is your child’s mood like most of the time?
- b. Is s/he often unhappy, sad or tearful?
- c. Does your child’s mood change abruptly for no apparent reason?
- d. Have you noticed a change in his/her interest in things s/he used to enjoy?
- e. Have you noticed a change in his/her energy or activity level? Is s/he more quiet than usual?
- f. Have you noticed a change in his/her sleep patterns or appetite?

\*Interview questions are adapted from a number of sources including the ADI-R (Lord et.al., 1994), the Parent Interview for Autism – Clinical Version (Stone et.al., 2002), the First Year Inventory (Reznick et.al., 2007), the Communication and Symbolic Behavior Scales Developmental Profile Caregiver Questionnaire



## ASD Parent Interview

(Wetherby & Prizant, 2002), the CARS-2 Questionnaire for Parents or Caregivers (Schopler et.al., 2010), and the CDRC Autism Interview (unpublished).

**\*\*These behaviors are not specific to ASD and should not be used as the only criteria to rate category B4 as Yes.**